



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 28 OCTOBER 2021 at 9:30 am

**Present:**

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|--------------------------------|---|--|
| Councillor Dempster<br>(Chair) | – | Assistant City Mayor, Health, Leicester City Council.  |
| Chief Inspector Manjit Atwal   | – | Local Policing Directorate, Leicestershire Police.   |
| Ivan Browne                    | – | Director of Public Health, Leicester City Council.   |
| Councillor Elly Cutkelvin      | – | Assistant City Mayor, Education and Housing.   |
| Professor Azhar Farooqi        | – | Co-Chair, Leicester City Clinical Commissioning Group.   |
| Harsha Kotecha                 | – | Chair, Healthwatch Advisory Board, Leicester and Leicestershire.   |
| Richard Mitchell               | – | Chief Executive, University Hospitals of Leicester NHS Trust.  |
| Dr Katherine Packham           | – | Public Health Consultant, Leicester City Council.  |
| Councillor Rita Patel          | – | Assistant City Mayor, Communities, Equalities and Special Projects, Leicester City Council.                        |
| Sarah Prema                    | – | Executive Director of Strategy and Planning, Leicester, Leicestershire and Rutland, Clinical Commissioning Groups. |
| Kevin Routledge                | – | Strategic Sports Alliance Group.   |
| Martin Samuels                 | – | Strategic Director Social Care and Education, Leicester City Council.  |
| Councillor Piara Singh Clair   | – | Deputy City Mayor, Culture, Leisure and Sport, Leicester City Council.   |

- |                |   |  |
|----------------|---|--|
| David Sissling | – | Independent Chair of the Integrated Care System for Leicester, Leicestershire and Rutland.               |
| Helen Thompson |   | Director of Families, Young People and Children's and LD Services, Leicestershire Partnership NHS Trust. |
| Mark Wightman  | – | Director of Strategy and Communications, University Hospitals of Leicester NHS Trust.                    |
| Andy Williams  | – | Chief Executive, Leicester, Leicestershire and Rutland, Clinical Commissioning Groups.                   |

**Standing Invitees**

- |             |   |   |
|-------------|---|---|
| Cathy Ellis | – | Chair of Leicestershire Partnership NHS Trust |
|-------------|---|---|

**In Attendance**

- |                |   |  |
|----------------|---|--|
| Graham Carey   | – | Democratic Services, Leicester City Council.   |
| Faisal Hussain | – | Deputy Chair of Leicestershire Partnership NHS Trust (As an observer).   |
| Rachna Vyas    | – | Executive Director for Integration and Transformation, Leicester, Leicestershire and Rutland, Clinical Commissioning Groups. |

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**38. APOLOGIES FOR ABSENCE**

Apologies for Absence were received from:-

- |                          |   |
|--------------------------|---|
| Councillor Sarah Russell | Deputy City Mayor Social Care and Anti-Poverty, Leicester City Council.       |
| Andrew Fry               | College Director of Research, University of Leicester.                        |
| Angela Hillery           | Chief Executive, Leicestershire Partnership NHS Trust.                        |
| Haley Jackson            | Deputy Director of Strategic Transformation, NHS England and NHS Improvement. |
| Rupert Matthews          | Leicester, Leicestershire and Rutland, Police and Crime Commissioner.         |

Oliver Newbould	Director of Strategic Transformation, NHS England and NHS Improvement.
Dr Avi Prasad	Co-Chair Leicester City Clinical Commissioning Group.
Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust.
Chief Supt Adam Streets	Head of Local Policing Directorate, Leicestershire Police.

### **39. DECLARATIONS OF INTEREST**

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

### **40. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

The Minutes of the previous meeting of the Board held on 29 July 2021 be confirmed as a correct record.

### **41. CHAIR'S ANNOUNCEMENTS**

The Chair paid tribute to Christine Jarvis of ADHD Solutions in Leicester who had retired and wished to thank her formally for her work in moving the support for families forward during her 25 years by making great achievements in improving the life chances of children and adults affected by ADHD through support, family coaching and resources for those with ADHD and their families.

The Chair also reported on 2 visits to GP practices to meet front line staff and GPs and praised the work they undertook under difficult circumstances arising from covid and the impacts this had on referrals to the NHS for elective operations and appointments etc. Both local authorities and the NHS had large numbers of health vacancies for which there were few applicants at present. The Chair encouraged a better understanding of the issues faced and for all to work in partnership to support patients and those waiting for operations and health services. Wherever possible enabling social subscribers should be used wherever possible to support patients until they received their operations etc. There was a need for everyone to show more restraint and respect for the pressures faced by primary care services and the NHS.

The Chair's comments were echoed and supported by Board Members and Healthwatch asked the Chair to share her visit experiences so they could put an article in their newsletter and publish it to share the story across the networks.

It was recognised that the health services were aware of patients' frustrations

and were working to reduce waiting times by taking action and investing time and money to improve experience of patients.

Andy Williams suggested that it would be helpful to have the PC development plans discussed at a future Board meeting so all partners could help to address the public's issues.

Martin Samuels welcomed the comments on how hard all sectors were working under the pressures they faced. He had been struck by the positive contribution to the interdependency of social care services which had changed positively in recent years. Social care generally employed more staff than the NHS, so their inclusion and acknowledgement of the working together was important and was considered to be a good strength of the Leicester system.

The Chair indicated that she would draw a letter together, for agreement, to be sent to social care and health staff summarising the Board's discussion and support for the work jointly undertaken in partnership to make a difference to the people of the City. The Chair also supported letting Healthwatch have details of the visits so they could add this to their newsletter.

#### **42. SUMMARY OF THE KEY POINTS AND NEXT STEPS HEALTH AND WELLBEING DEVELOPMENT SESSION 11 OCTOBER - VERBAL UPDATE**

Dr Katherine Packham, Consultant in Public Health gave a verbal summary on the outcome of the Health and Development Session held on 1 October.

- The aims of the Health & Wellbeing Board contained in its Terms of Reference were discussed, and some amendments were suggested which would be submitted to the Council for approval.
- The Board should set direction through the Health and Wellbeing Strategy and monitor progress and improvements through the Strategy's action plan.
- There should be a shared language and terms for initiatives used by all health partners. The Board should have a strong advocacy role in reducing health inequalities and the wider determinants of health and also ensure there was a focus on children and adults.
- Consideration was given to the Chairs of the Learning Disability Partnership Board and the Mental Health Partnership Boards having membership of the Board.
- Good discussion took place around housing and the wider determinates of health. These and other points discussed would need to be discussed further to consider how they could be progressed.
- The Board had an important role to link the Health and Wellbeing framework with the health system and determine how to implement and avoid duplications between health partners and also formalise links to other groups and committees in the integrated health system and integrated health care sectors to ensure they were aware of what the Board was working to achieve.
- There should be strong links with neighbourhoods in their different forms for community organisations and the differing natures of areas and GPs in the City etc.

- It was important for health providers to hear directly from communities on what they wanted from the health service due to their needs and lifestyles and not be just informed of the services health providers felt they should receive.
- There would be a need to provide funding and staff to progress the work forward.

The Chair stated that having arrived at these outcomes she didn't want to spend lengthy times in Board meetings sorting out the process. This would be for officers to undertake and submit revised Terms of Reference for circulation. The Chair supported having the Chairs of the 2 Partnership Boards taking part in Board meetings. The Board supported these views particularly working with carers differently and for the Board to focus on giving strong leadership of what Leicester's vision is about and to make Leicester a great place to live and work.

The Chair also felt that it was important to understand the responsibilities of the different Boards working in the health sector and how they fitted together in the system. Shared learning from each other and how they all undertook engagement could lead to joint engagement to avoid duplication and maximise public engagement.

Board members also felt that it was important not to be driven by a national dictates and agendas but what was considered to work locally to meet Leicester's health and wellbeing needs. Care should be taken that the Board did not unnecessarily re-badge or re-engineer what was already being done and it should be made clear what was not being done and why. The Board must be the driver around the concept of place. The focus should be on partnerships and recognise what can't be done together but recognise the influence of what can be done across the City. Police, universities and sports clubs should also play a part in the process.

The Chair thanked Board members for their contributions to the discussion.

RESOLVED:-

- 1) Officers were thanked for the update and asked to progress the amendments to the Terms of Reference.
- 2) The Board agreed with the Chair's suggestion that all future reports should be written and provided in an easy-to-read version and be implemented as soon as possible. Martin Samuels indicated that Adult Social Care staff could give advice on how this can be achieved.
- 3) That, as Ivan Browne and Dr Katherine Packham were already looking at what support should be available to the Board, they were asked to circulate these to all Board Members to see if they were fit for purpose and for Board Members to see what part their organisation could play in supporting the Board.
- 4) A further development session in 2-3 months' time would be helpful.

### 43. DRAFT HEALTH AND WELLBEING STRATEGY AND PRIORITIES

Dr Katherine Packham, Consultant in Public Health presented the report on the production of a Joint Health and Wellbeing Strategy (JH+WBS), a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group. The current JH+WBS was published in 2019 before the Covid pandemic. The draft revised JH+WBS has been updated in light of the pandemic and other changes that have occurred in policy. The report also outlined a recommended timeline for the 2022-2027 JH+WBS.

As part of the development of the Integrated Care System, each 'place' needed to have a place-led plan. The Leicester draft place-led plan consisted of the draft JH+WBS and the draft priorities for the Leicester City Health, Care and Wellbeing Delivery Plan. A more detailed delivery plan would follow once the priorities had been through an engagement process and the final version approved by Health and Wellbeing Board in January 2022.

The draft revised JH+WBS and the draft priorities had been developed through partnership working centred on a core working group, with members of this group collaborating with others.

During discussion on the report, it was noted that:-

- Members of the Board could comment on the draft priorities during the meeting or submit their views through the engagement process.
- The timescale of plan was considered to be the middle ground approach to give 5 years to deliver and achieve priorities and provide for a review not too far in the future as there had been many challenges through the impacts of Covid-19 which were not fully understood at the present, and these can be assessed in timely manner to review any new challenges.
- The Delivery Plan -Framework approach had been built upon the 5 strategic strands of the Joint Health and Wellbeing Strategy.
- In identifying the priorities, possible priorities that could have a significant impact through multi- agency/partnership working were selected. It was aimed to get a balance of health, care and wellbeing priorities. Some of the priorities required city wide action, whilst others required more delivery at a neighbourhood level and some required action at both levels.
- Health and wellbeing equity was at the forefront, and this included an approach of 'proportionate universalism' in which interventions were targeted to enable a 'levelling up' of the gradient in health outcomes.
- The priorities were built on existing engagement insights of what people thought was important in the way services should be delivered and took a strengths-based approach building upon existing community services and assets.
- Every opportunity for collaborative delivery of priorities with VCSE and community organisations at either a city wide or neighbourhood level had been considered and they were supported by clear measures of progress ( i.e. SMART).

- Since the agenda pack had been published, other priorities had come to light including a number of education related themes to young children affected by the pandemic and play development and others linked to deprivation. Also, healthy minds and other initiatives to be a zero suicide City had been identified. It would be helpful to have these extra priorities added to the summary of priorities and send to Board Members.

Members of the Board commented that:-

- More data was needed on outliers such as mental health in the city compared to the county. There were 20% more people with a mental health diagnosis in the in the city, a third were on care programmes and twice as many were in hospitals and 4 times the number of patients with Section 8 Notices. The City was a real outlier and this needed to be addressed through synergy and collaboration.
- The 5-year length of the Plan was supported and the 19 priorities could be standing priorities but with a focus this year on 3-4 priorities. There should be real community empowerment input into the priorities and the zero suicides ambition was supported as an ambitious and progressive aim to make improvements.
- The ability of staff in all organisations to develop should be recognised. UHL currently had 650 nurse vacancies and maybe there should be a reflection of how staff could be channelled from social care to nursing care etc. The biggest risk to the NHS was staff.
- Crime and Knife Crime were important and leisure centres and libraires could provide opportunities for healthy exercise through leisure facilities and GP referrals so people could stay fitter and not need to go to hospital.
- The focus on the whole city to make bigger impact on all people was supported. More information may be needed on racism and discrimination which impacted upon people. The strategy should support people to get the best impact for themselves with some support from services provided by organisations. The inclusion of people from a wider remit was needed to make a difference to what happens in the City. How the strategy connected with other strategies and schools and how opportunities were signposted would make a difference to the outcomes.
- Given the introduction of the ICS a possible challenge could be the proportion of funds spent on prevention services and how the Board's priorities could influence and be integrated with those of the ICS. The leverage provided by the whole system and its budgets could play a key role in maximising benefits for improvements in health and wellbeing.
- The working group was multi-disciplinary across the anchor institutions which should help to align priorities.
- There was support for the priorities to be bold and clearly indicate that they did not tolerate or support the inverse care law where less goes to where it most needed. Leicester was a deprived multi-cultural city with complex needs that needed to be changed and to achieve improvements. It was important to focus on societal level changes and

the priorities should hone in on genuine transformational issues.

The Chair thanked everyone for their supportive contributions and encouragement for the proposals.

RESOLVED:-

- 1) Officers were thanked for the presentation and update in the work carried out and endorsed the duration of the draft revised JH+WBS to be 2022-2027.
- 2) Officers were asked to take into account the comments made by Board Members and in preparing the draft priorities to be released for engagement.

#### **44. LLR LEARNING DISABILITY AND AUTISM (LDA) - 3 YEAR PLAN PROGRESS REPORT**

Helen Thompson, Director of Families, Young People and Children's and LD Services at Leicestershire Partnership NHS Trust and Chery Bosworth, Senior Programme Manager Transforming Care Programme, LLR CCG presented the LLR Learning Disability and Autism (LDA) 3 Year Plan Progress Report.

The LLR Learning Disability and Autism 3 Year Plan was submitted to NHSEI in May 2021 and was favourably received. The plan seeks to address the health inequalities experienced by this population and is complimented by focused performance management of key outcomes detailed in a presentation shown to the meeting.

The plan contained a large number of projects pertaining to both adults, and children and young people's services for individuals with a learning disability, autism or both. It brought together multiple funding streams to ensure coordination of commissioning, provision and improvement work.

Funding streams included NHSEI Service Development Funding, NHSEI Spending Review Funding, DHSE Community Discharge Grant, East Midlands CAMHS Collaborative and the Mental Health Investment Standards

Robust governance arrangements were in place to monitor the progress and performance of these projects. New projects had been recently added to the initial plan following successful expressions of interest for additional funding.

Good progress was being made on all projects and progress was overseen by the multiagency Transforming Care Programme (TCP) Delivery Group. The Learning Disability and Neurodisability Design Group provided governance support.

During the presentation it was noted that:-

- All people with a learning disability and/or autism would have the



fundamental right to live good fulfilling lives, within their communities with access to the right support from the right people at the right time.

- The average age of death for adults with a learning disability was 59 years old and they were six times more likely to die from covid.
- NHS England had provided dedicated 3-year funding to transform services enabling long term planning to reduce numbers in hospital settings through a national policy shift around collaboration, integration and innovation to work together to improve social health for all.
- The Aims and Objectives of Transforming Care were outlined in the presentation which would improve early intervention and pathways, quality of service and reduce health inequalities, which would then help to reduce hospital admissions.
- Working as an integrated team across LLR was showing good benefits and outcomes. The aim was to enable 100% of people to have a health check to pick up issues earlier and to learn from assessing mortality reviews to make service changes.
- There was a clear defined governance structure for projects with co-ordination between service managers and the voluntary sector.
- Currently 77 70% had not had health checks but it was aimed to complete these before April 2022.
- 75% of people with a learning difficulty would have an annual health check by year 3 and, whilst this was an improvement over recent years, it was still not considered high enough.

Members of the Board commentated that:-

- There were high none attendance rates for primary care appointments and if care workers could be involved they could book appointments and help patients to attend. Both patients and carers should own the outcomes of checks.
- The work on collaborations was impressive and could be made into a case study of how services should work.
- Recent team efforts in getting people vaccination through a person accentuated approach had resulted in many vaccinations being carried out that would not otherwise have been done. This demonstrated that these things were best done at place level and system level and it was important to keep looking to ensure services were delivered at the most appropriate level in the most effective way.
- This work was important to share with the work done with SEND and the SEND Board.
- It was important for people to be supportive and take patients to appointments. The integrated approach was extremely welcome.

The Chair welcomed the work undertaken and was supportive with the strategy. She emphasised that families were struggling every day and don't always get the support and engagement they needed. They needed the support to be available at the appropriate time and to be shown respect for their difficulties they were experiencing. The Chair also commented that neurodiversity should be promoted and adopted at this would provide services

to a wider base than just those with ADHD.

### Project Search Opportunities For CYP With Send

Steph Beale, Principal Ellesmere College, introduced Project Search Opportunities for CYP with SEND. Ellesmere College was the largest provider for SEND within the City of Leicester soon to provide 426 places for young people aged 5-19 with wide ranges of SEND. They were keen for their young people to have realistic opportunities to join the workforce when they left school. It was felt that a Project Search supported internship programme within the NHS or other large organisation could help us to achieve this. The Board received a presentation on the initiative.

During the presentation it was noted that:-

- The school trained pupils with the skills of respect, teamwork, responsibility, resilience, independence and confidence to prepare students for the world of work after leaving school and to be good citizens.
- The percentage of adults with SEND in permanent sustained employment (16 plus hours) was 6.2% nationally and it was currently 7.7% in Leicester which people wanted to improve.
- Project Search were running 69 schemes nationally supporting more than 1,300 young people with SEND into paid work. 60% of supported internships continued into paid employment and it hoped to improve this level in Leicester.
- Evidence showed that being in employment improved health and wellbeing and was central to individual identity, social roles and social status.
- People in work tended to enjoy happier and healthier lives and paid work had the potential to improve health and reduce health inequalities.
- Transitioning people from education straight into competitive employment also saved money for health and social care by creating opportunities for people with learning difficulties to become net contributors rather than recipients of adult social care and health services.
- Project Search had recently signed a contract with the NHS to run internships across 42 new sites in the UK, but Leicester was not included in the bid and Ellesmere wished to change this. The distribution of employment positions in the NHS was outlined.
- Ellesmere College were looking for support from a large employer in the City, UHL Trust for example, in order to bring the Project Search to Leicester.
- The Board's support for the initiative would be appreciated.

Mark Wightman (UHL NHS Trust), Helen Thompson (LPT NHS Trust) and Chief Inspector Manjit Atwal all indicated they would like to be involved in the Project Search initiative and welcomed conversations with Steph Beale after the meeting. They all had employment opportunities which could provide opportunities to bring a young diverse range of people into their organisations

to be part of their inclusive workforces.

Councillor Cutkelvin stated that she welcomed the proposal and wished to develop links with the work proposed by Ellesmere College and would welcome being involved as it supported work the Council wished to do with community colleges and SEND.

**RESOLVED:-**

- 1) Officers were thanked for the update on the progress of the implementation of the projects included in the LDA 3-year Plan and for the work to monitor the projects within the agreed governance arrangements.
- 2) The Board supported the Project Search initiative and encouraged representative of organisations on the Board to have discussions with Steph Beale to bring the initiative to Leicester and provide job opportunities for adult with learning difficulties as it was felt that the initiative could make a real difference in a short space of time.

#### **45. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions from members of the public had been received.

#### **46. DATES OF FUTURE MEETINGS**

The Board noted that future meetings of the Board would be held on the following dates:-

Thursday 27 January 2022 – 9.30am

Thursday 28 April 2022 – 9.30 am

Meetings of the Board were scheduled to be held in Meeting Rooms G01 and 2 at City Hall unless stated otherwise on the agenda for the meeting.

#### **47. ANY OTHER URGENT BUSINESS**

There were no items of Any Other Business to be discussed.

#### **48. CLOSE OF MEETING**

The Chair declared the meeting closed at 11.38 am.